

Meridian Law Enforcement & Security Training Center.

300 Northern Blvd. #7 Great Neck NY 11021 -- 516-504-1911 -- Fax 516-504-1913

HOW TO REGISTER: To be considered for acceptance into this training program all three pages of this application must be completed and submitted with all required documentation.

Submit the completed Application forms along with the following information at least 30 days prior to start of program.

- ✦ Copy of current Driver's License and DMV driving record.
- ✦ Resume on employment background, education and training.
- ✦ Deposit for program. 50%

Provide one of the following: (Please note that a sealed record of conviction or institutionalization must still be listed)

- ✦ Letter from your local law enforcement agency stating no criminal record.
- ✦ Letter from practicing attorney stating that you have no police record or history of institutionalization for mental health care.
- ✦ Proof of occupation in the law enforcement field.
- ✦ Copy of concealed carry permit.

Right to refuse training

Due to the sensitive and serious nature of the training provided, we reserve the right to refuse training to anyone. All applicants are required to pass a background check. Admission will be refused to any applicant who has a felony conviction or record of mental instability. Participants will be removed from training for violations of the code of conduct.

Participants Code of Conduct: Participants will be removed from training for the following reasons:

- Falsifying information
- Failure to attend training sessions.
- Failure to follow instructions.
- Dangerous or Reckless behavior.
- Inappropriate behavior in or out of class setting.
- Alcohol consumption during program hours.
- Under the influence of any controlled substance.
- Illegal drug use.

I agree to abide by the Code of Conduct and any and all safety procedures required by Meridian Personal Protection Inc., Meridian Law Enforcement & Security Training Center, and its instructors and I agree to sign a statement releasing Meridian Personal Protection Inc., Meridian Law Enforcement & Security Training Center, and its instructors from any responsibility for any injury sustained by me during the training program.

I have read and agree to all terms, and conditions herein.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

CHARACTER WITNESS STATEMENT

I _____ declare that I have known _____
(Character Witness full legal name) (Applicant's full legal name)

for at least five years and attest to the good, moral character of the applicant. I have no knowledge of any criminal activity, history of violence or aggressive behavior, mental illness, or substance abuse by the applicant. I recommend applicant for training in the use of deadly weapons, and high stress training without hesitation or reservation.

Character Witness Signature: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: () _____ Phone: () _____

Occupation: _____ Relationship: _____

STATEMENT OF GOOD PHYSICAL CONDITION

All applicants accepted for training will be required to participate in realistic training exercises which will require stamina and good judgment. By signing below, applicant declares they are free from physical restrictions that would hinder or jeopardize their health and have been given medical clearance from their physician.

Applicant's Signature: _____ Date: _____